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CONFIRMATION NO. 5502

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|---|---|----------------------------------|---|----------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/579,578  | <b>FILING OR 371(c) DATE</b><br>03/27/2007<br><b>RULE</b>   | <b>CLASS</b><br>330              | <b>GROUP ART UNIT</b><br>2817   | <b>ATTORNEY DOCKET NO.</b> |                                |
| <b>APPLICANTS</b><br>Katsuya Yamashita, Tokyo, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/38269 11/16/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-389346 11/19/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/04/2008</b>                                      |   |                                  |   |                            |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>7   | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>63448   |   |                                  |   |                            |                                |
| <b>TITLE</b><br>OPERATIONAL AMPLIFIER SELECTING ONE OF INPUTS, AND AN AMPLIFYING APPARATUS USING THE OP AMPLIFIER THE VERIFICATION METHOD   |   |                                  |   |                            |                                |
| <b>FILING FEE RECEIVED</b><br>930   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |                                |